## FORM D

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:	April 30, 2008							
Estimated aver	rage burden							
hours per respons								

SEC	USE ONLY
Prefix	Serial
DA	TE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	SEC Mail Processing Section
Small-Cap Equity Fund  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment	<del></del>
A. BASIC IDENTIFICATION DATA	Washington, DC
1. Enter the information requested about the issuer	112
Name of Issuer ( v check if this is an amendment and name has changed, and indicate change.)	
Small-Cap Equity Fund, a series of Principal Global Investors Trust	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
801 Grand Avenue, Des Moines, IA 50392	1-800-533-1390
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Same as Executive Offices	Same as Executive Offices
Private Investment Fund	
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed	olease sp
Actual or Estimated Date of Incorporation or Organization: O 6 9 9 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDI	ENTII	FICATION DATA				
2. Enter the information re	quested for the fol	lowing:							
Each promoter of t	he issuer, if the iss	suer has be	en organized w	ithin t	he past five years;				
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote	or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	fa clas	s of equity securities of the issuer.
Each executive off	icer and director of	f corporate	: issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
Each general and r	nanaging partner o	f partnersh	nip issuers.						
GL (B (A) Last L			- F - : - 1 O	_	F. Office	_	Diagram		Caracal and day
Check Box(es) that Apply:	Promoter	☐ Ber	ieticiai Owner		Executive Officer		Director	¥ZI	Managing Partner
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul> Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or									
	•	-	y, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Ber	eficial Owner		Executive Officer		Director		
Full Name (Last name first, i	f individual)		<del></del>						
Dunbar, Timothy (Execu	tive Officer of th	e Investr	ment Manage	r)					
Business or Residence Addre	ss (Number and	Street, Cit	y, State, Zip Co	ode)					
801 Grand Avenue, Des	Moines, IA 503	392							
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner		Executive Officer		Director		
		estment	Manager)						
Business or Residence Addre	ss (Number and	Street, Cit	ty, State, Zip Co	od <b>c</b> )					
801 Grand Avenue, Des I	Moines, IA 5039	92							
Check Box(es) that Apply:	Promoter	Ber	neficial Owner		Executive Officer		Director		
Full Name (Last name first,	f individual)					-			
Hittner, Jill (Executive Off	icer of the Inves	tment Ma	anager)						
	•		ty, State, Zip Co	od <b>e</b> )		-			
Check Box(es) that Apply:	Promoter	Ber	neficial Owner		Executive Officer		Director		
Full Name (Last name first,	f individual)								
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip Co	ode)		<del></del>			
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner		Executive Officer		Director		
Full Name (Last name first,	f individual)								
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner		Executive Officer		Director		
Full Name (Last name first,	f individual)								
Business or Residence Addre	ess (Number and	Street, Ci	ty, State, Zip C	ode)	· · · · · · · · · · · · · · · · · · ·				
	(Use bla	nk sheet, e	or copy and use	additi	ional copies of this s	heet, a	as necessary	/)	

					B, I	NFORMAT	ION ABOU	T OFFERI	NG				
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1.	mas inc	issuer solo	l, or does th			II, to non-a Appendix,							☑
2.	What is	the minim	um investm					_				s 5,00	0,000.00
-													No
3.													
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ume of the b you may so	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec l with the S ed are asso	curities in t EC and/or	he offering. with a state		
	•		first, if indi	•					-				
Princor Financial Services Corporation  Business or Residence Address (Number and Street, City, State, Zip Code)													
Business or Residence Address (Number and Street, City, State, Zip Code) 680 8th Street, Des Moines, IA 50392-0200													
		<del></del>	oker or Dea		<u> </u>								
_	· · · · · · · · · · · · · · · · · · ·												
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)										Ctatac		
	(Check	"An States	or check	ındıvıduai	States)	•••••					***************************************	□ /\(\(\)	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nai	me of Ass	sociated Br	oker or Dea	aler					· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)							□ AI	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	ll Name (	Last name	first, if indi	vidual)					·				
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler		· · · · · · · · · · · · · · · · · · ·							
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					<del></del>	
	(Check	"All States	i" or check	individual	States)			·····		••••••		☐ Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

 $<sup>^{\</sup>star}$  The Investment Manager reserves the right to accept smaller  $$_{\rm 3\ of\ 9}$$  participations.

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and	k	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	D.I.	<b>c</b> 0	s 0.00
	Debt		s 0.00
	Equity	2	<u> </u>
	Common Preferred	. 0	0.00
	Convertible Securities (including warrants)		s
	Partnership Interests		s 6,802,847.00
	Other (Specify Units of Benificial Interest		
	Total	\$_unimited	\$ 6,802,847.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	6	\$_6,802,847.00
	Non-accredited Investors		<u> </u>
	Total (for filings under Rule 504 only)		<b>.</b> \$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security n/a	Sold
	Rule 505	·	s n/a
	Regulation A		\$_n/a
	Rule 504	n/a	\$_n/a
	Total		\$ <u>0</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		3 <u>0.00</u>
	Printing and Engraving Costs		
	Legal Fees		\$_0.00
	Accounting Fees		0.00
	Engineering Fees		0.00
	Sales Commissions (specify finders' fees separately)	_	0.00
	Other Expenses (identify)	-	. 0.00
	Total		- 0.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted	d gross	sN/A**
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estima f the payments listed must equal the adjusted	ite and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			<b>☑</b> \$ 0.00
	Purchase of real estate		🗹 💲 0.00	<b>☑</b> \$ <u>0.00</u>
	Purchase, rental or leasing and installation of mac	hinery		<b>∠</b> \$ 0.00
	Construction or leasing of plant buildings and fac	ilities	<u>2</u> \$ <u>0.00</u>	<b>✓</b> \$ 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		_ <b>[</b> 2] \$_0.00
	Repayment of indebtedness			\$ 0.00
	Working capital			\$_0.00
	Other (specify): Investments in securities		<b>☑</b> \$ <u>0.00</u>	✓ \$ 100%°
			s	<b>∠</b> s 0.00
	Column Totals			✓ \$ 100%*
	Total Payments Listed (column totals added)			
The sign the Issu		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange C	Commission, upon writt	ule 505, the following en request of its staff
	uer (Print or Type) Il-Cap Equity Fund, a series of Principal Global Investors Trust	Signature AU Hottun	Date 3-4-4	88
	me of Signer (Print or Type)	Title of Signer (Print or Type)	s \$ 4 mm mm m of Alice Income	
Jill	Hittner	Chief Financial Offier of the Investmen	i wanager of the issue	·

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<sup>\* 100%</sup> of the proceeds shall be invested in securities.

<sup>\*\*</sup> This is a continuos offering with indefinite aggregate sales.

		E. STATE SIGNATURE								
Ι.	Is any party described in 17 CFR 230.262 pr provisions of such rule? Not Applicable to Rule									
	See	Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is filed a notice on Formed by state law.								
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	uer has read this notification and knows the conte thorized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned								
	Print or Type) ap Equity Fund, a series of Principal Global s Trust	Signature Date 3-4-08								
Name (	Print or Type)	Title (Print or Type)								
Jill Hitt	ner	Chief Financial Offier of the Investment Manager of the Issuer								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes Investors State No Investors Amount Amount Yes No Units of Beneficial Interests in a Series of a Statutory Business Trust AL \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust ΑK 0 0 \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust AZ 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust AR 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust CA 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust CO 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust CT 0 0 \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust DE 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust DC 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statistory Business Trust 0 0 \$0.00 \$0.00 FL Units of Beneficial Interests in a Series of a Statutory Business Trust \$0.00 0 \$0.00 0 GA Units of Beneficial Interests in a Series of a Statutory Business Trust НІ 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust ID 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust IL 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust IN 0 0 \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 4 0 \$0.00 IA \$5,958,396.57 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 0 \$0.00 KS Units of Beneficial Interests in a Series of a Statutory Business Trust KY 0 0 \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust LA 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust ME 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust MD \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 MA \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust MI 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust MN 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust MS \$0.00 0 \$0.00

#### **APPENDIX** l 2 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell Type of investor and explanation of offering price to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No Units of Beneficial Interests in a Series of a Statutory Business Trust \$0.00 2 0 MO \$844,450.43 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 0 \$0.00 \$0.00 MT Units of Beneficial Interests in a Series of a Statutory Business Trust NE 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 NV \$0.00 \$0.00 0 Units of Beneficial Interests in a Series of a Statutory Business Trust NH 0 0 \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust NJ 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 0 \$0.00 NM Units of Beneficial Interests in a Series of a Statutory Business Trast \$0.00 \$0.00 0 NY Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 0 \$0.00 NC Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 0 \$0.00 ND Units of Beneficial Interests in a Series of a Statutory Business Trust 0 0 \$0.00 OH \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 0 \$0.00 \$0.00 OK Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 0 \$0.00 OR Units of Beneficial Interests in a Series of a Statutory Business Trust \$0.00 0 \$0.00 PA Units of Beneficial Interests in a Series of a Statutory Business Trust RI 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust SC 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust SD 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 TN 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust ΤX 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust ŲΤ 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust VT 0 0 \$0.00 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust VA \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust 0 \$0.00 WA \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust wv 0 \$0.00 0 \$0.00 Units of Beneficial Interests in a Series of a Statutory Business Trust

\$0.00

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\$0.00

WI

				APP	ENDIX					
1	2 Intend to sell to non-accredited		Type of security and aggregate offering price		under Sta	5 Disqualification under State ULOE (if yes, attach explanation of				
	investor	s in State	offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		X	Units of Beneficial Interests in a Series of a Statutory Business Trust	0	\$0.00	0	\$0.00			
PR		X	Units of Beneficial Interests in a Series of a Statutory Business Trust	0	\$0.00	0	\$0.00			

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